

The Ruth Strauss Foundation Safeguarding Policy

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1. Key safeguarding contacts at the Ruth Strauss Foundation

Designated Safeguarding Lead	Ines Thiru (CEO)	Ines.thiru@ruthstraussfoundation.com 07762861314
Deputy Designated Safeguarding Lead (1)	Deepa Doshi (Head of Mission Services)	Deepa.doshi@ruthstraussfoundation.com 07930340774
Deputy Designated Safeguarding Lead (2)	Kate Wells (Family Support Service Lead)	Kate.Wells@ruthstraussfoundation.com 07515429239
Strategic Safeguarding Lead	Stuart Hale (Trustee and Governance Advisory Group)	Stuart.hale@ruthstraussfoundation.com 07590900926
Chair of the Board of Trustee's	Terry Grote	Terry.grote@ruthstraussfoundation.com 07831828750

2. Statement of purpose

2.1 Protecting people is a cultural priority for The Ruth Strauss Foundation (RSF). This policy details how we will protect people from harm, how we raise safeguarding concerns, how we respond to them and how we report them to other agencies. RSF has a culture of openness and learning, we do not ignore harm or downplay failures and we will always prioritise the safety and needs of a child or adult at risk. We adopt a survivor led approach¹ where the safety and wellbeing of survivors is paramount. We will operate with transparency and be accountable in all safeguarding matters, while taking account of the sensitivity, rights and welfare of those involved¹. We encourage all trustee's, staff, contractors, volunteers and beneficiaries to raise safeguarding concerns and when they do, we will listen to them and responded.

We have a responsibility to make sure we do not cause harm to anyone we have contact with². As a charity that works with children and provides 'Regulated Activity'³ to children and 'Adults at Risk'⁴ (providing emotional and wellbeing advice and support by practitioners; some of which will be health care practitioners, counsellors and social workers), we have additional responsibilities. We must make sure we have a strong safeguarding culture².

We ask all Trustees, Advisory Group members, employees and contractors to sign and adhere to the RSF code of conduct and safeguarding agreement (see appendix a). This document will be stored in the individuals Human Resources file. Volunteers are required to adhere to a separate code of conduct.

When we work or form partnerships with other organisations, we will seek assurance from them confirming their safeguarding policies and procedures are adequate and compliant with statutory guidance.

3. Trauma informed care

One in five UK adults have experienced at least one form of child abuse, whether emotional abuse, physical abuse, sexual abuse, or witnessing domestic violence or abuse, before the age of 16⁵. Child abuse, in addition to other childhood experiences, are among ten categories of Adverse Childhood Experiences (ACEs). ACEs

¹ Bond (2019) Good Governance for Safeguarding: A guide for UK NGO Boards [Document title \(bond.org.uk\)](https://www.bond.org.uk/document-title)

² Charity Commission (2021) Safeguarding for Charities and Trustees [Safeguarding for charities and trustees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/safeguarding-for-charities-and-trustees)

³ Department of Health (2011) Regulated Activity – Adults [DH Title \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/dh-609561)

⁴ NHS England (2017) Safeguarding Adults [Layout 1 \(england.nhs.uk\)](https://www.england.nhs.uk/layout-1)

⁵ Office for National Statistics (2020) The Crime Survey in England and Wales [Crime in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/crime-in-england-and-wales)

are highly stressful and potentially traumatic, events or situations that occur during childhood or adolescence⁶.



Figure 1 Categories of Adverse Childhood Experiences.

48% of adults in England have experienced at least one ACE, with 23% experiencing one, 16% experiencing 2-3 and 9% experiencing 4+ ACEs. ACEs create dangerous levels of stress that can affect healthy brain development and correlates with an increased risk of heart disease, diabetes, cancer and drug, alcohol and tobacco use leading to early death⁷ The impact of ACEs is however, evident before adulthood as Figure 1 shows.

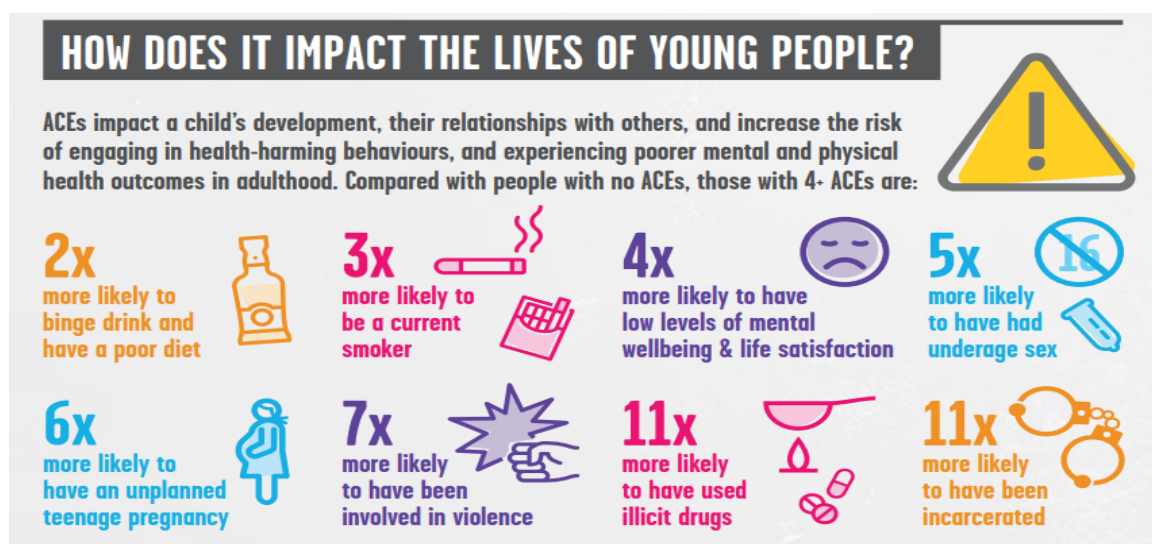


Figure 2 The impact of ACEs on young people⁶

⁶ NHS Education for England (2023) Addressing Childhood Adversity and Trauma [YM Addressing Adversity Infographic Poster A3 D2 \(youngminds.org.uk\)](https://www.youngminds.org.uk/Poster-A3-D2)

⁷ Felitti et al. (1998) 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study'

Sadly, children and young people who are beneficiaries of RSF services will experience at least one ACE from parental / care provider bereavement. We need to take a trauma informed approach to developing policies and providing services to identify and understand need and provide / signpost to the most supportive resource. This will provide protection from harm, it may prevent stress and adversity from transitioning into trauma and it will give a child the reassurance they are seen, understood, recognised and safe.

4. Definition of safeguarding

It is important to define what safeguarding is as interpretations can be wide ranging and differ in the context of adults and children. We adopt the interpretations taken from statutory guidance.

4.1 Children

Safeguarding and promoting the welfare of children is defined in statutory guidance of 'Working Together'⁸ as:

- protecting children from maltreatment;-
- preventing impairment of children's mental and physical health or development;-
- making sure that children grow up in circumstances consistent with the provision of safe and effective care;-
- taking action to allow all children to have the best outcomes.

Child protection is part of the safeguarding process and focuses on children who are suffering or likely to suffer significant harm. The concept of significant harm is discussed in the safeguarding referral process.

A child is anyone under the age of 18.

4.2 Adults at risk

Adult safeguarding is defined in the Care Act⁹, as working with adults with care and support needs who may be in vulnerable circumstances, to keep them safe from abuse and neglect.

The Care Act¹⁰ provides the statutory definition of an 'Adult at Risk' as someone who:

- has needs for care and support;
- is experiencing, or is at risk of, abuse or neglect and
- as a result of those needs is unable to protect themselves against the abuse or neglect of it.

In practice, this means:

"Adult safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action. This must recognise that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances¹¹".

5. Compliance and governance

5.1 The Charity Commission may examine RSF's Safeguarding policy and procedures and will hold Trustees to account if things go wrong. They may also refer RSF to relevant safeguarding agencies where concerns exist.

⁸ HM Government (2018) Working Together to Safeguard Children [Working Together to Safeguard Children 2018](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/702443/Working-Together-to-Safeguard-Children-2018.pdf) (publishing.service.gov.uk)

⁹ Department of Health and Social Care (2016) Care Act Factsheets [Care Act factsheets - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/544443/Care-Act-factsheets-2016.pdf)

¹⁰ HM Government (2014) The Care Act [Care Act 2014 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/2014/16/contents)

¹¹ Social Care Institute for Excellence (2023) What is Safeguarding? [What is safeguarding? | SCIE](https://www.scie.org.uk/what-is-safeguarding/)

This policy complies with legislation, guidance and best practice and we will review it, every 12 months, following significant and relevant changes in legislation or guidance or following a serious safeguarding incident¹². This will ensure the policy is responsive to change, current affairs, trends and themes and is founded on the most current evidence base.

5.2 Trustees hold responsibility for making sure RSF fulfils its safeguarding obligations to protect everyone, even though some activities are delegated to others². Some Trustees have expertise in safeguarding. They are also supported by the Governance Advisory Group, Designated Safeguarding Lead and Deputy Designated Safeguarding Lead x 2. All staff hold the responsibility to Recognise, Respond, Report and Record all safeguarding concerns and incidents. This is further embedded within the staff induction training, Whistleblowing Policy and Code of Conduct which is signed by all staff, contractors, Trustees and Advisors.

5.3 The Designated Safeguarding Lead (DSL) will provide safeguarding management information to the Board of Trustees by quarterly return¹. This information will include anonymised details of concerns and their status in relation to RSF, DBS compliance, safeguarding training compliance, continuous professional development of key staff members and reality testing. All persons connected to RSF will be asked to complete an annual safeguarding poll to check confidence and safeguarding compliance.

5.4 Safeguarding concerns identified by the Family Support Service (FSS) are additionally recorded on RSF's Salesforce electronic management system by registering a cause for concern'. This system is auditable, and the DSL will review any causes for concerns to make sure all potential safeguarding issues have been dealt with appropriately and in a timely manner. This additional tool can only be utilised by the FSS.

6. RSF safeguarding risk profile.

We are a regulated activity provider to children and adults in the UK. We deliver services during an emotionally difficult, traumatic and often practically difficult time for beneficiaries. The likelihood of vulnerability and risk is mitigated by the following:

- An appropriately resourced safeguarding team consisting of: Designated Safeguarding Lead, Deputy Designated Safeguarding Lead, Governance Advisory Group and Board of Trustees Strategic Safeguarding Lead.
- Trained practitioners deliver services and consider risk before and during service provision.
- An open, honest and reflective organisational culture where we prioritise safeguarding.
- Clear and up-to-date safeguarding policies and procedures.
- All Trustees, Advisory Group members, employees and contractors will receive appropriate and regular safeguarding training. This will also be completed during the induction process.
- A robust and well-established legal and regulatory framework which governs safeguarding in the UK.

7. Safeguarding resources

We will make sure we have enough resources, including trained staff and Trustees, to protect people and fulfil our safeguarding responsibilities¹² and carry out investigations when required¹. We have the following resources to support and investigate safeguarding concerns:

- Designated Safeguarding Lead (DSL) – CEO.
- Deputy Designated Safeguarding Lead (D/DSL) x 2 – Head of Mission Services and Head of MarComms.

¹² Charity Commission (2022) Safeguarding Duties for Trustees [Safeguarding and protecting people for charities and trustees - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/safeguarding-and-protecting-people-for-charities-and-trustees)

- Strategic Safeguarding Lead (Trustee).

8. Safe recruitment

We will set the tone at the beginning of the recruitment process by highlighting that we uphold the highest safeguarding standards¹.

The Disclosure and Barring Scheme (DBS) policy details which RSF roles require DBS checks, at what level and how often we will carry out these checks. It also details where we need additional Trustee safeguarding checks. The DBS policy is complimented by a recruitment of ex-offenders' policy.

9. The Four 'R' Safeguarding Principles

Our safeguarding process is founded on the principles of the 'four R-s'¹³. It is important everyone understands and knows how to engage with this process.

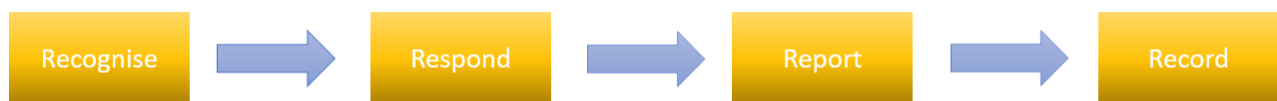


Figure 3 The four 'R' safeguarding process

10. Recognising safeguarding concerns

10.1 Types of risks of harm

We must be aware of and able to spot the signs of the following safeguarding concerns¹²:

- Sexual harassment, abuse and Child Sexual Exploitation (CSE).
- Child Criminal Exploitation (CCE).
- An indifferent culture, which may allow poor behaviour and poor accountability.
- People abusing a position of trust they hold within a charity.
- Bullying or harassment.
- Health and safety.
- Commercial exploitation.
- Cyber abuse.
- Discrimination on any of the grounds in the Equality Act 2010.
- People targeting your charity.
- Data breaches, including those under Data Protection Law.
- Negligent treatment.
- Domestic abuse.
- Self-neglect.
- Physical or emotional abuse.
- Extremism and radicalisation.
- Forced marriage.
- Modern slavery.
- Human trafficking.
- Female genital mutilation.
- Suicide and self-harm¹⁴.

¹³ NVCO (2021) [Recognise, respond and report | NCVO](#)

¹⁴ Nafilyan. V., et al (2022) Risk of suicide after diagnosis of severe physical health condition: A retrospective cohort study of 47 million people. Lancet, 2023 Feb; 25

11. Responding to safeguarding concerns

How you respond to a direct disclosure of abuse or neglect can have a significant and lasting impact. It is important to respond in a way that is supportive, reassuring and professional. A child or adult at risk may not be ready or able to talk the first time you offer to listen, and it may take several attempts before they disclose. Perseverance and building trust is of utmost importance¹⁵

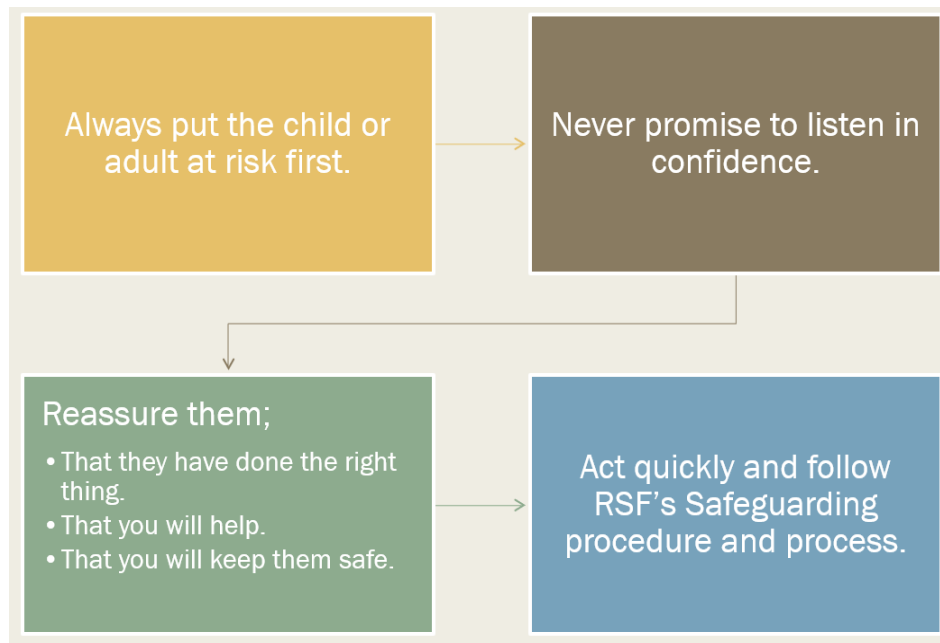


Figure 4 Responding to direct disclosures.

12. Reporting safeguarding concerns

12.1 Referral process

We will respond quickly to concerns and where appropriate, will carry out appropriate investigations¹. Anyone identifying a safeguarding concern must immediately inform the DSL or Deputy DSL by phone and e-mail the full details of the concern using the safeguarding referral form (Appendix b) to safeguarding@ruthstraussfoundation.com. If you cannot contact the DSL or Deputy DSLs and there is risk of significant harm to a child or imminent serious harm to an adult, you must contact the police by phoning 101 or 999 depending on your assessment of risk. The safeguarding e-mail inbox will be checked daily during working hours by the DSL or D/DSL1 in their absence.

¹⁵ W.R (2023) I'm Stood in Front of You, Abut to Make my First Disclosure and I'm Terrified [I'm stood in front of you, about to make my first disclosure – and I'm terrified \(sec-ed.co.uk\)](https://www.sec-ed.co.uk/2023/01/15/im-stood-in-front-of-you-abut-to-make-my-first-disclosure-and-im-terrified/)

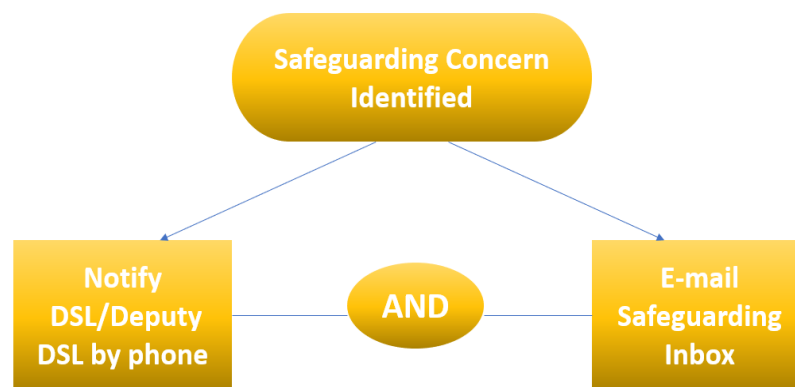


Figure 5 RSF safeguarding process.

12.2 Triage process

The DSL / Deputy DSL will triage the information to understand whether a child has suffered or is likely to suffer significant harm, or in the case of an adult, whether the adult is likely to suffer serious imminent harm. If the answer to either of these questions are yes, they will make a safeguarding referral to the police. If the answer to either of these is no, the level of risk and need will be assessed to establish whether a referral to other agencies is required.

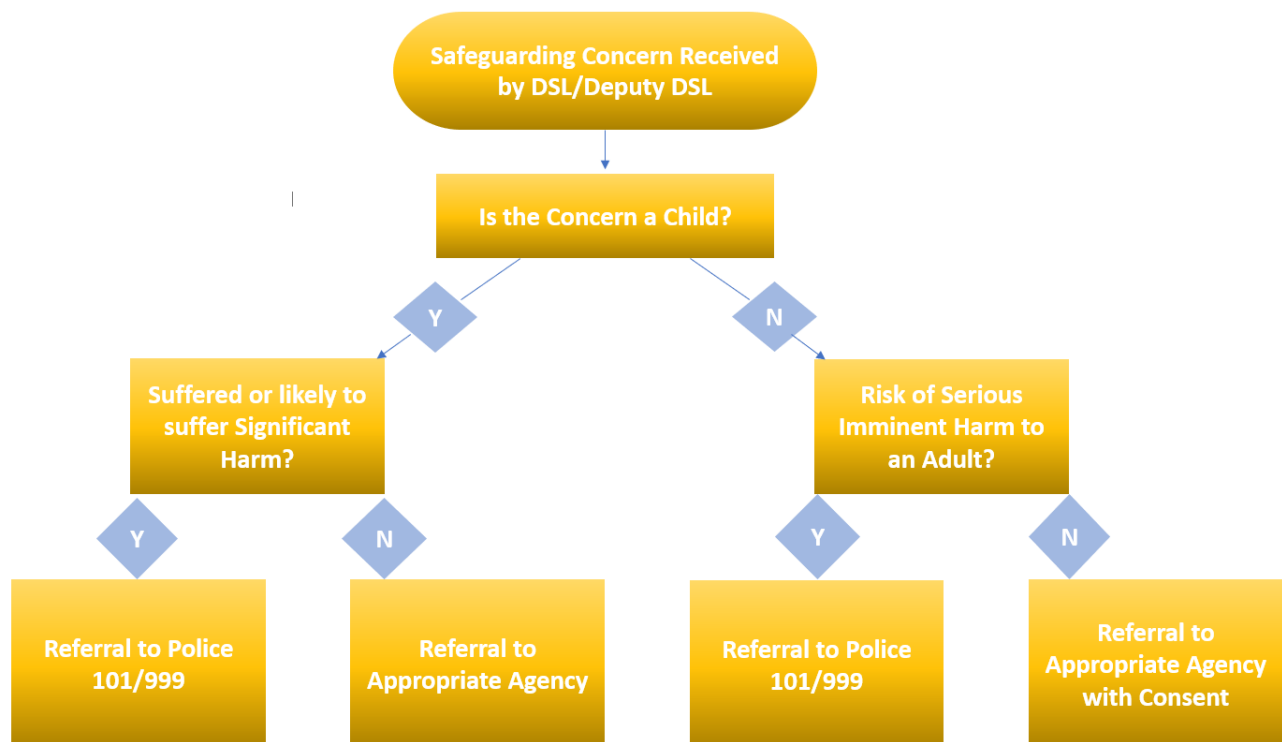


Figure 6 RSF DSL triage reporting process.

12.3 Significant harm

The Children's Act 1989¹⁶ introduced 'Significant Harm' as the threshold that justifies compulsory intervention in family life in the best interests of children. When making a referral to the police, you should demonstrate the reasons why you suspect that a child is suffering or likely to suffer significant harm.

¹⁶ HM Government (2023) Legislation – The Children Act 1989 [Children Act 1989 \(legislation.gov.uk\)](https://www.legislation.gov.uk/ukpga/1989/41)

Physical abuse, sexual abuse, emotional abuse and neglect are all categories of significant harm. Harm is defined as ‘ill treatment or impairment of health and development’.

12.4 Adults at risk of harm

We should encourage adults at risk who are exposed to harm to seek help. We may need their consent for safeguarding referrals depending on the severity and risk of harm. When an adult at risk makes a decision that exposes them or others to serious harm or death, we must make a referral to the most appropriate agency. In these circumstances, we do not need their consent to share the information. If the risk of serious harm or death is imminent, we should make a police referral. Examples of this include, but are not restricted to, suicidal intention, severe self-neglect, intention to cause significant / serious harm to another, radicalisation and ideation, high risk domestic abuse (such as strangulation, false imprisonment, use of weapons and severe violence) and modern-day slavery / human trafficking.

13. Safeguarding investigations

13.1 Establishing Investigative Primacy

Where a safeguarding complaint is made about RSF, our services, our events, trustees, staff, contractors or volunteers, we will start an investigation. Following triage, the DSL will establish whether the investigation will be wholly led by a statutory authority (the police, Adult / Children’s Social Care or LADO) or whether the investigation will be led, jointly or solely, by RSF. Where a statutory authority appoints itself as the lead investigator, either solely, or with another agency, we will assist by providing any information that is proportionate and necessary to the investigation. In these circumstances, we should take advice from the investigating authority before carrying out any internal investigation. If further information is gained during

an RSF-led investigation, which increases the concern or severity of the complaint, we should consider referring the complaint to police or LADO.

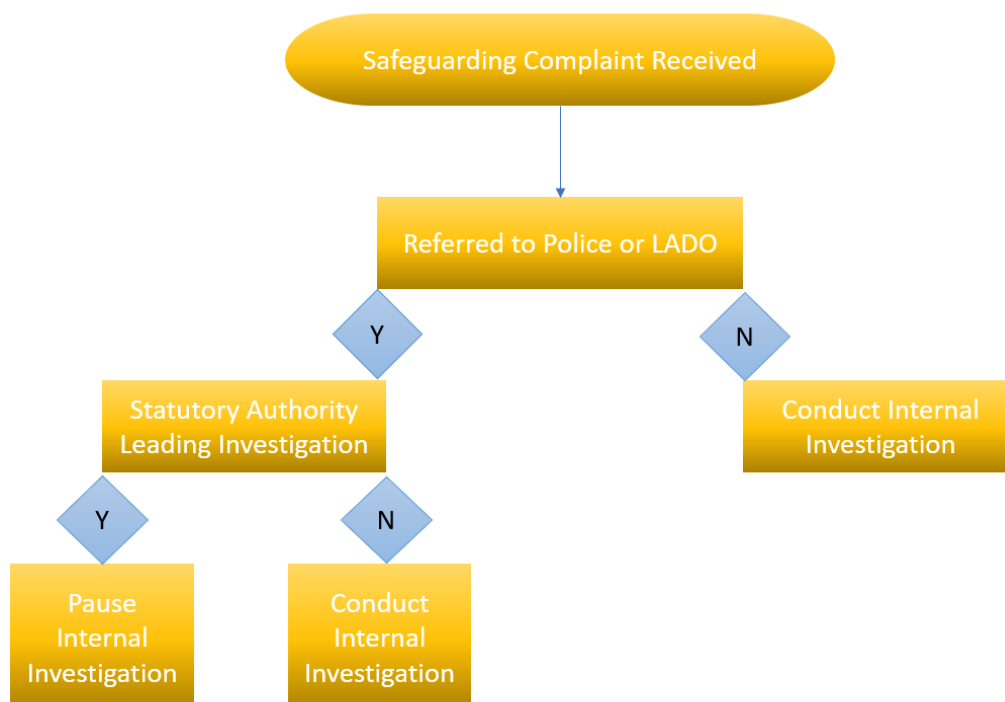


Figure 6 Determining investigative primacy.

13.2 Local Authority Designated Officer (LADO)

We will report to the relevant Local Authority Designated Officer (LADO) any safeguarding incidents resulting in risk or significant harm to beneficiaries and other people who come into contact with us through our work. The relevant (LADO) can be contacted on 020 76417668 or lado@westminster.gov.uk. When the person who is alleged to have caused harm lives outside the borough of Westminster, we will also share details of the referral with the local authority where they live. As no national LADO system exists, this action follows learning from the Bichard Public Inquiry¹⁷.

14. Recording safeguarding concerns

We must record all safeguarding concerns on the safeguarding record form. It is important to do the following:

- Record as soon as possible and make sure the information is accurate and retrievable.
- Record the disclosure in the child or adult's own words – do not apply your own interpretation.
- Record the behaviour of the child or adult – were they upset, afraid, frantic or possibly displaying a trauma response such as being, numb, frozen or indifferent (disassociation)¹⁸.
- Record all the parties involved, their names and relationship to the child or adult at risk.
- Details of who raised the concern if it is not you.
- Detail what action you have taken.

15. Support

Being involved in an investigation, either as a witness or alleged perpetrator can often be a difficult and worrying time. We will make sure we support all staff involved in a safeguarding investigation by keeping them up to date with progress and providing access / signposting to counselling/emotional support where required. This is particularly relevant to investigations led by other agencies which may take time to resolve.

16. Internal safeguarding investigations

Safeguarding investigations undertaken by RSF will be completed in a timely manner and progress updates will be provided to the complainant, the alleged perpetrator and witnesses involved every 30 days. Internal investigations may be undertaken by the DSL or the Strategic Safeguarding Lead.

17. Serious Incident reporting

RSF Trustees are required to promptly report serious incidents ("Serious" means significant in the context of RSF, taking account of its staff, operations, finances and / or reputation) that take place within the charity to the Charity Commission¹⁹. A serious incident is an adverse event, whether actual or alleged, which results in or risks significant:

- harm to RSF's beneficiaries, staff, volunteers or others who come into contact with RSF through its work;-
- loss of RSF's money or assets;-
- damage to RSF's property;- or
- harm to RSF's work or reputation.

¹⁷ The Bichard Inquiry (2004) [The Bichard Inquiry - Report \(ioe.ac.uk\)](https://www.ioe.ac.uk/reports/bichard-inquiry/)

¹⁸ Gillihan (2016) [21 Common Reactions to Trauma | Psychology Today](https://www.psychologytoday.com/us/blog/21-common-reactions-to-trauma)

¹⁹ Charity Commission (2019) How to Report a Serious Incident in your Charity [How to report a serious incident in your charity - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/how-to-report-a-serious-incident-in-your-charity)

If a reportable incident involves a possible criminal offence, we must report the incident to the Police by phoning 101. The LADO may also choose to report a serious incident to the Charity Commission. The Board of Trustees will be notified of all safeguarding incidents by the Designated Safeguarding Lead to make sure they are able to fulfil their obligations.

18. Information sharing

It is natural for professionals to question the legality of sharing personal information with people outside of their organisation. UK Government guidance is clear that sharing information for the purposes of safeguarding is lawful. The GDPR and Data Protection Act 2018 do not prevent sharing information for safeguarding purposes, they provide a framework for fair and responsible data handling, including disclosures.

“Sharing of information between practitioners and organisations is essential for effective identification, assessment, risk management and service provision. Fears about sharing information cannot be allowed to stand in the way of the need to safeguard and promote the welfare of children and young people at risk of abuse or neglect”²⁰.

The charity abides by the seven golden rules for sharing information to protect children as outlined below.

18.1 Data protection law, lawful bases

There is a clear directive on the importance of sharing information to protect children and young people. This has been laid out in the 2024 Department of Education guidance for practitioners on safeguarding children and young people by sharing information within a legal framework²¹.

The Seven golden rules for sharing information (including personal information):

- 1. All children have a right to be protected from abuse and neglect. Protecting a child from such harm takes priority over protecting their privacy, or the privacy rights of the person(s) failing to protect them.** The UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018 (DPA) provide a framework¹ to support information sharing where practitioners have reason to believe failure to share information may result in the child being at risk of harm.
- 2. When you have a safeguarding concern, wherever it is practicable and safe to do so, engage with the child² and/or their carer(s), and explain who you intend to share information with, what information you will be sharing and why.** You are not required to inform them, if you have reason to believe that doing so may put the child at increased risk of harm (e.g., because their carer(s) may harm the child, or react violently to anyone seeking to intervene, or because the child might withhold information or withdraw from services).
- 3. You do not need consent to share personal information about a child and/or members of their family if a child is at risk or there is a perceived risk of harm.** You need a lawful basis³ to share information under data protection law, but when you intend to share information as part of action to safeguard a child at possible risk of harm⁴, consent may not be an appropriate basis for sharing. It is good practice to ensure transparency about your decisions and seek to work cooperatively with a child and their carer(s) wherever possible. This means you should consider any objection the child or their carers may have to proposed information sharing, but you should consider overriding their objections if you believe sharing the information is necessary to protect the child from harm.

²⁰ HM Government (2018) Information Sharing – Advice for practitioners providing safeguarding services to children, young people, parents and carers [Information sharing: advice for practitioners \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/725442/information-sharing-advice-for-practitioners.pdf)

²¹ Department of Education 2024. Information Sharing Advice for practitioners providing safeguarding services for children young people, parents and carers. [Information sharing advice April 2024.pdf\(Shared\) - Adobe cloud storage](#)

4. Seek advice promptly whenever you are uncertain or do not fully understand how the legal framework supports information sharing in a particular case. Do not leave a child at risk of harm because you have concerns you might be criticised for sharing information. Instead, find out who in your organisation/agency can provide advice about what information to share and with whom. This may be your manager/supervisor, the designated safeguarding children professional, the data protection/information governance lead (e.g., Data Protection Officer⁵), Caldicott Guardian, or relevant policy or legal team. If you work for a small charity or voluntary organisation, follow the NSPCC's safeguarding guidance.

5. When sharing information, ensure you and the person or agency/organisation that receives the information take steps to protect the identities of any individuals (e.g., the child, a carer, a neighbour, or a colleague) who might suffer harm if their details became known to an abuser or one of their associates.

6. Only share relevant and accurate information with individuals or agencies/organisations that have a role in safeguarding the child and/or providing their family with support, and only share the information they need to support the provision of their services. Sharing information with a third party rarely requires you to share an entire record or case-file – you must only share information that is necessary, proportionate for the intended purpose, relevant, adequate and accurate.

7. Record the reasons for your information sharing decision, irrespective of whether or not you decide to share information. When another practitioner or organisation requests information from you, and you decide not to share it, be prepared to explain why you chose not to do so. Be willing to reconsider your decision if the requestor shares new information that might cause you to regard information you hold in a new light. When recording any decision, clearly set out the rationale and be prepared to explain your reasons if you are asked.

Information sharing where there is an imminent risk to a person: the sharing is necessary to protect the vital interests of the individual or of another natural person (GDPR article 6(1)(b))

For sensitive data sharing, the likely additional lawful basis will be one of the following.

- The sharing is necessary for vital interests (as above) where the individual is physically or legally incapable of giving consent (GDPR article 9(2)(c)).
- The sharing is necessary to protect an individual from neglect or physical, mental or emotional harm, or protect the physical, mental or emotional wellbeing of an individual, where they are under 18 or over 18 and at risk. And where consent is not possible, reasonable or would prejudice the safeguarding aim (DPA 2018, Schedule 1, Part 2, Section 18)
- The sharing is necessary for obligations or rights imposed on us by law in connection with employment or social protection (DPA 2018, Schedule 1, Part 1, Section 1).
- The sharing is necessary to prevent or detect an unlawful act, and getting consent would prejudice that (DPA 2018, Schedule 1, Part 2, Section 10).

Other information sharing for safeguarding purposes: one of the following is likely to be the relevant lawful basis.

- The sharing is necessary to comply with a legal obligation we are subject to (GDPR article 6(1)(c)).
- The sharing is necessary to carry out a task in the public interest (safeguarding) (GDPR article 6(1)(e)).
- The sharing is necessary for our or a third party's legitimate interests, and where the interests and rights of the individual do not override these (GDPR article 6(1)(f)).

For sensitive data sharing, the likely additional lawful basis will be one of the following.

- The sharing is necessary to protect an individual from neglect or physical, mental or emotional harm, or protect the physical, mental or emotional wellbeing of an individual, where they are under 18 or over 18 and at risk. And where consent is not possible, reasonable or would prejudice the safeguarding aim (DPA 2018, Schedule 1, Part 2, Section 18).
- The sharing is necessary for obligations or rights imposed on us by law in connection with employment or social protection (DPA 2018, Schedule 1, Part 1, Section 1).
- The sharing is necessary to prevent or detect an unlawful act, and getting consent would prejudice that (DPA 2018, Schedule 1, Part 2, Section 10).

Consult the Data Protection Officer if needed.

19. Confidentiality and record Retention

19.1 We will record safeguarding concerns in a format that is searchable, retrievable and accountable. We must keep and treat all documentation relating to incidents or complaints of people being harmed, or at risk of harm as confidential and in line with data protection law. We will store safeguarding information electronically and securely on the RSF server in password-protected folders. We will create a separate folder for each safeguarding concern and an index log (which will not be a 'running log') with full details of each concern. We will store safeguarding records separately from personal information files on Salesforce, however, we must flag on the salesforce person record that there is also a safeguarding folder for that individual.

19.2 Following recommendations from the Independent Inquiry into Child Sexual Abuse (IICSA), we will keep any safeguarding records that relate to the sexual abuse of children for 75 years (or for the period of time directed by any subsequent Government or Information Commissioner advice) with appropriate review periods²².

19.3 If concerns arise relating to an RSF Trustee, Advisory Group Member, employee, contractor or volunteer's behaviour with children or an adult at risk, we will keep these details in their personnel file until they reach their normal retirement age or for 10 years, whichever is longer²³. We will keep records for this retention period even if the complaint was unfounded/unsubstantiated. However, if there is real, tangible and objective evidence to show the complaint was malicious, we will destroy the record immediately.

We will keep all other safeguarding files relating to children until the child is 25 (30 if they live in Northern Ireland). We will keep all other safeguarding files relating to adults for 6 years. It may be necessary to store safeguarding files for longer if they are subject to legal proceedings. The Designated Safeguarding Lead is responsible for reviewing, retaining and deleting safeguarding files and they should seek advice from the Data Protection Officer.

20. Use of images / personal experiences

We may decide to share personal testimonies / images of adults and children who are our beneficiaries. Before we take or obtain images of children, the carer / parent and the child (if able to) must consent to us

²² Independent Child Sexual Abuse Inquiry (2022) <https://www.iicsa.org.uk/reports-recommendations/publications/inquiry/final-report/ii-inquiry-conclusions-and-recommendations-change/part-h-supporting-victims-and-survivors/h5-access-records#:~:text=The%20retention%20period%20for%20records,years%20with%20appropriate%20review%20periods.>

²³ NSPCC (2022) Child Protection Records, Retention and Storage <https://learning.nspcc.org.uk/media/1442/child-protection-records-retention-and-storage-guidelines.pdf>

taking or having their image, storing it and sharing it publicly. Similarly, we need the same consent to store and process images of adults and any associated personal testimony. We must store images and testimonies in line with data protection law.

21. Safeguarding Escalation Process

21.1 The first point of contact for any safeguarding matter is the DSL. If for any reason, anyone working for or with RSF (in whatever capacity) feels they cannot raise issues through the DSL, other external third parties are available. No individual should feel that they cannot report a concern. All reports will be treated seriously, fairly and impartially. The independent third parties available in such cases are:

Strategic Safeguarding Lead:	Stuart Hale Stuart.Hale@ruthstraussfoundation.com
Chair of the Board of Trustees:	Terry Grote Terry.Grote@ruthstraussfoundation.com

21.2 The Board of Trustees will record and oversee any complaint about the way RSF has handled a safeguarding issue. If the complaint concerns sensitive or confidential information, or information which is the subject of an ongoing investigation, the Board may refer it to the Strategic Safeguarding Lead who will discuss with the relevant people and respond to the complaint as appropriate after establishing the facts.

21.3 The Designated Safeguarding Lead will store and manage the minimum relevant information in a restricted-access folder on the server.

22. Supporting Survivors

22.1 We champion a survivor-led approach¹. We will support survivors, without prejudice, who have been harmed from abuse or exploitation through contact with our Trustees, Advisory Group Members, employee's or volunteers. This support will depend on the survivors' needs and may, for example, be access to therapy / counselling.

22.2 When we need survivor support, we will assess their needs (this may be done by an external professional), and the Governance Advisory Group and the Board of Trustees will consider the assessment. While we will maintain a survivor-led approach, we will need to have regard to, and carefully manage, the impact of our decisions in respect of other duties of care we may have, legal requirements and consequences for other stakeholders.